POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute the application entitled IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS and to transact all business in the Patent and Trademark Office connected therewith:

HENRY A. MARZULLO, JR., Reg. No. 20,910; HOWARD N. ARONSON, Reg. No. 27,302; and MYRON GREENSPAN, Reg. No. 25,680.

Address all telephone calls to Myron Greenspan, at telephone number (914) 723-4300, or to the attorney executing the last document.

Address all correspondence to LACKENBACH SIEGEL MARZULLO ARONSON & GREENSPAN, P.C. at Penthouse Suite, One Chase Road, Scarsdale, New York 10583 U.S.A.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor Wayne ANDERSON .	Citizenship U.S.
RESIDENCE Address – Street 65 Grove Street	POST OFFICE Address - Street (same as residence)
City (Zip) Northport	City (Zip)
State or Country New York 11729 U.S.A.	State or Country
Date	Signature
Full Name of Second Joint Inventor Paolo CASSUTTI	Citizenship U.S.
RESIDENCE Address – Street 8 North Creek Road	POST OFFICE Address – Street (same as residence)
City (Zip) Northport 11729	City (Zip)
State or Country New York, U.S.A.	State or Country
Date	Signature
Full Name of Third Joint Inventor	Citizenship
RESIDENCE Address Street	POST OFFICE Address Street
City (Zip)	City (Zip)
State or Country	State or Country
Date	Signature

[☐] Additional inventors are being named on separately numbered sheets attached hereto.

UNITED STATES -- PATENT DECLARATION FOR PATENT APPLICATION

Attorney's Docket No.: P-14 CONT/CIP

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS, the specification of which

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	and was amended of	n (if applicable)	
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Appln. No.	Country	Date Filed	Priority Claimed
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I hereby claim the benefit			□YES □NO
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hich is material to patentability a e filing date of the prior applicated Appln. Serial No. 08/904,666 08/451,398	Filing Date	Status: Patented, Pendi	ng, Abandoned □ Abandoned

09/237,5 3508& 1/26/99

IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS

DECLARATION CLAIMING SMALL ENTITY STATUS

[37 CFR 1.9(f) and 1.27(C)]

INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled

Patent and Trademark Office with regard to the invention entitled IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLE described in X the specification filed herewith x_Application serial no. 09/237,557 , filed on 1/26/99 , issued on Patent No. I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 19(d) or a nonprofit organization under 37 CFR 1.9(e). Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below: no such person, concern, or organization persons, concerns, or organizations listed below.* Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR INDIVIDUAL X INDIVIDUAL

SMALL BUSINESS CONCERN FULL NAME: 1= □ NONPROFIT ORGANIZATION W ADDRESS: ☐ INDIVIDUAL FULL NAME: ☐ SMALL BUSINESS CONCERN į. ADDRESS: □ NONPROFIT ORGANIZATION ☐ INDIVIDUAL FULL NAME: ☐ SMALL BUSINESS CONCERN A distance ☐ NONPROFIT ORGANIZATION I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified declaration is directed. NAME OF INVENTOR NAME OF INVENTOR NAME OF INVENTOR SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR Wayne Anderson DATE DATE

LACKENBACH SIEGEL MARZULLO ARONSON & GREENSPAN, P.C.

SE-B-1

POWER OF ATTORNEY

and/or agent(s) to prosecute the application entitled IMPROVED AND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS and to transact all business in the Patent and Trademark Office connected therewith:

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RESIDENCE Address - Street 65 Grove Street	POST OFFICE Address - Street (same as residence)
City (Zip) Northport	City (Zip)
State or Country New York 11729 U.S.A.	State or Country
Date 3-12-99	Signature Will Millian
Full Name of Second Joint Inventor Paolo CASSUTTI	Citizenship U.S.
RESIDENCE Address – Street 8 North Creek Road	POST OFFICE Address Street (same as residence)
City (Zip) Northport 11729	City (Zip)
State or Country New York, U.S.A.	State or Country
Date 3-12-99	Signature Polo (mesul)
Full Name of Third Joint Inventor	Citizenship
RESIDENCE Address Street	POST OFFICE Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date #3	Signature

☐ Additional inventors are being named on separately numbered sheets attached hereto.

Attorney's Docket No.: P-14 CONT/CIP

☐ Patented ☐ Pending ☐ Abandoned

☑ Patented ☐ Pending ☐ Abandoned

☐ Patented ☐ Pending ☐ Abandoned

As a below-named inventor, I hereby declare that:

08/904,666

08/451,398

08/620,471

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS, the specification of which

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August 1, 1997

May 26, 1995

March 22, 1996

UNITED STATES -- PATENT DECLARATION FOR PATENT APPLICATION

Attorney's Docket No.: P-14 CONT/CIP

As a below-named inventor, I hereby declare that:

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Full Name of First or Sole Inventor Wayne ANDERSON	Citizenship U.S.
RESIDENCE Address - Street 65 Grove Street	POST OFFICE Address - Street (same as residence)
City (Zip) Northport	City (Zip)
State or Country New York 11729 U.S.A.	State or Country
Date / 3-12-99	Signature Will William
Full Name of Second Joint Inventor Paolo CASSUTTI	Cittzenship U.S.
RESIDENCE Address – Street 8 North Creek Road	POST OFFICE Address - Street (same as residence)
City (Zip) Northport 11729	City (Zip)
State or Country New York, U.S.A.	State or Country
Date 3-12-99	Signature Paolo Conesuio,
Full Name of Third Joint Inventor	Cittzenship
RESIDENCE Address — Street	POST OFFICE Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date	Signature

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As a below named inventor, I hereby decla		
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FULL NAME:		X INDIVIDUAL
##ADDRESS:		☐ SMALL BUSINESS CONCERN☐ NONPROFIT ORGANIZATION
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FULL NAME:		☐ INDIVIDUAL☐ SMALL BUSINESS
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NAME OF INVENTOR SIGNATURE OF INVENTOR	NAME OF INVENTOR SIGNATURE OF INVENTOR	NAME OF INVENTOR SIGNATURE OF INVENTOR
Wayne Anderson Mull	Mull Paolo Cassutti Paolo(-	mskubi
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